

## **Title Page**

**Title:** Tasmania's Child and Family Centres building parenting capability: a mixed methods study.

**Short Title:** Parenting and Tasmania's Child and Family Centres

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## Author Biographies

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Kim Jose is currently working as Post-Doctoral Research Fellow at the Menzies Institute of Medical Research. Kim has extensive experience conducting qualitative and mixed methods research studies. Her research interests include chronic disease prevention and the promotion of health and wellbeing across the life course and she is a Life Course Fellow in the Centre of Excellence for Children and Families. Kim has had a diverse and varied career working as a physiotherapist in the acute, community and private sectors and as a public health practitioner and researcher.

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Daniel Christensen has been at Telethon Kids Institute since 2010, and is a Research Fellow on the Centre of Excellence for Children and Families Over the Life Course. His research interests include children's social and emotional wellbeing and their academic and cognitive development.

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Dr. Wietse van de Lageweg was a research officer at Telethon Kids Institute and the Tasmanian Department of Education during the study. He is a Life Course Fellow in the Centre of Excellence for Children and Families Over the Life Course. With a background in geography, he is interested in the spatial context associated with early childhood services in general and the Tasmanian Child and Family Centres specifically. Currently, he is an engineering consultant with Antea Group, Antwerp, Belgium

Catherine Taylor

Cate Taylor is a Senior Principal Research Fellow at the Telethon Kids Institute and The University of Western Australia and an Adjunct Professor at the Menzies Institute for Medical Research, The University of Tasmania. Professor Taylor specialises in large-scale longitudinal studies of children's health, development, education and wellbeing. Her primary research is in children's language and literacy development, which build the foundation for educational achievement, employment, health, wellbeing, prosperity and social connectedness. She has developed successful multidisciplinary research partnerships with government agencies and uses linked cross-sectoral government agency datasets to provide practical analysis and insights into best practice service provision and the role of early childhood health and education services in supporting families and young children. She began her career as a pediatric speech pathologist working with children and families in health and education settings.

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### **Conflict of Interest**

The authors declare no conflict of interest

Author Version

## **Abstract**

Tasmania's Child and Family Centres (Centres) provide a single entry point to early childhood services (ECS) and aim to improve the health and wellbeing, education and care of Tasmania's children through supporting families and carers. This mixed methods study investigated the impact of Centres on parents' confidence and competence. Centre users reported a slightly lower overall sense of parenting competence than non-users. There was no difference between Centre users and non-users in how they felt overall as a parent. Compared to non-Centre users, Centre users were more likely to report that ECS helped them develop new parenting skills. Centres supported parenting practices through a range of formal (i.e., parenting courses) and informal (i.e., role modelling) strategies. Centre users indicated that the combination of formal and informal parenting supports worked together to assist them build new parenting skills. The Centre model and partnership approach facilitates the development of positive parenting practices.

**Key Words:** Parenting competency, survey, interviews, disadvantaged communities, Tasmania

## Introduction

Building the skills of adults who care for young children is considered integral for supporting healthy child development (Blair & Raver, 2012; Center on the Developing Child at Harvard University, 2016; Marmot Review, 2010; Shonkoff, 2016). In recognition of the critical role families have on child development the Australian National Strategic Framework for Child and Youth Health recommends that resources be directed to parenting support services (COAG Health Council, 2015). It is recommended that these services should assist families and caregivers to build the skills necessary to meet the needs of their child from infancy to adulthood.

All parents may require support at some point, but parents experiencing adversity may require additional support in order to build and strengthen their parenting capacity (Blair & Raver, 2012; Marmot Review, 2010; Shonkoff, 2016). Supporting parents in the early years of their children's life is considered critical for addressing health inequalities across the life course (Marmot Review, 2010).

One of the ways in which parenting capacity is built is through attendance at structured short-term group based parenting programs. A number of group parenting programs have been developed including Circle of Security (Marvin, Cooper, Hoffman, & Powell, 2002), Triple P-Positive Parenting Program (Sanders, 1999) and Bringing up great kids (Hunter & Meredith, 2014 ). Group-based parenting programs have been shown to impact positively on emotional and behavioural adjustment in preschool aged children (Barlow, Bergman, Kornør, Wei, & Bennett, 2016). In addition to attendance at parenting courses, it has been suggested that modelling and practicing behaviour may be more effective in changing behaviour than programs that offer information alone (Shonkoff & Phillips, 2000). A recent

review of the economic efficiency of targeted parenting interventions (group and home based one to one) found they could result in significant savings (Duncan, MacGillivray, & Renfrew, 2017).

In Australia parents have access to free, government funded universal health services during pregnancy and in a child's early years (typically defined as from birth to age five). Services available include midwifery care during pregnancy and the early postnatal period, child and family health services and general practitioners. Where necessary, universal service providers refer children and families to more targeted or specialist services. The Australian government aims to ensure that all Australian families have access to universal services. However, due to funding arrangements, resource and geographical considerations and inconsistency across jurisdictions not all children and families access the services required (Australian Institute of Health and Welfare, 2014). While universal services following childbirth provide advice and support for specific parenting concerns such as infant feeding and sleep or settling parenting programs are generally offered through secondary or targeted level services in Australia.

#### Tasmania's Child and Family Centres

In 2009, Child and Family Centres were adopted as a whole of government initiative to provide a single entry point to Early Childhood services in Tasmania, an Australian island state of Tasmania with a population of 515,000 people (Taylor, Jose, van de Lageweg, & Christensen, 2017). Tasmanian children live in amongst some of the most disadvantaged communities in Australia (Australian Bureau of Statistic, 2011). The most recent Australian Early Development Census (AEDC) showed an increasing gap from 2009 to 2015 between the proportion of children categorised as vulnerable living in the most disadvantaged areas



compared to the least disadvantaged areas of Australia (Commonwealth of Australia, 2015).

The Centre model is designed to address systematic barriers to access and participation in ECS.

From 2011 to 2014, twelve Centres opened across Tasmania. Centres were built in Tasmanian communities following an assessment of need based on: a higher than state-average percentage of children under four years of age; demographic characteristics; a high score on individual measures of social and economic exclusion; high socio-economic area disadvantage; and community support. Centres offer universal services (e.g., Child Health and Parenting Service), progressive universal services (e.g., Launching into Learning), targeted services (e.g., nurse home visiting for first-time young parents) and specialist services (e.g., Disability Services); services for parents (e.g., counselling); as well as services and supports tailored to the specific needs of a community. Services and supports in the Centres are provided by government, non-government organisations and by the community. At the time of this evaluation each Centre employed two paid staff, a Centre leader and a Community Inclusion Worker.

Previously we have investigated the impact of Centres on parents' use and experiences of ECS (Taylor et al., 2017). We found that Centre users made more use of ECS than did non-users. Centre users also rated their experiences of ECS more positively than non-users. Centre users identified Centres as informal, accessible, responsive, non-judgemental and supportive places where they felt valued, respected and safe. Parents experienced Centres as welcoming places that were helping them to develop positive child, family, school and community connections. These qualities appeared critical for facilitating parental access and engagement in ECS.

The aim of the current paper is to explore differences between families who use the centre and eligible families who don't use the centre and examine how Child and Family Centres impact on Tasmanian parents' parenting competency and confidence, using a mixed methods approach.

## **Methods**

The study design and methods are described in detail elsewhere (Taylor et al., 2017), but are summarised here. Surveys, focus groups and interviews were used to explore the impact of Centres in two regional Tasmanian communities where Centres were amongst the first to open. The research was approved by the Tasmanian Social Science Human Research Ethics Committee (H14295 & H14480).

### **Survey**

#### **Survey sample frame**

School enrolment records were used in this study as a proxy for families within the community eligible to use the CFCs (that is, with a child aged five years or younger when the Centre opened). Tasmanian Department of Education school enrolment information was used to identify parents of children in Year 2 or below, in 2014, enrolled at the local Primary schools in the two communities (Community 1 = 237, Community 2 = 226). Each family only received one survey resulting in 167 eligible families in Community 1 and 168 eligible families in Community 2 (Total n = 335).

#### **Survey distribution and follow-up**

Eligible parents were approached to take part in the survey through the local Tasmanian Department of Education primary schools in the two communities. Upon return of the

completed surveys the pre-addressed envelope was destroyed ensuring survey responses were anonymous. Families who returned the survey were given a \$20 supermarket voucher as a partial reimbursement for their time.

### Survey questions

The survey consisted of 26 questions across five themes: (1) Family demographics; (2) use and experience of early childhood services and supports; (3) social support; (4) parenting competence; and (5) use of a Child and Family Centre for those who used Centres. Parenting self-regulation was measured using the Me as a Parent' scale (Hamilton, Matthews, & Crawford, 2015). Self-regulation refers to parental perceptions of competency and efficacious with respect to parenting challenges. Parents were asked to rate their sense of parenting competence on a five-point scale (1 = 'Strongly disagree'; 2 = 'Disagree'; 3 = 'Mixed feelings'; 4 = 'Agree'; 5 = 'Strongly agree'). The 'Me as a Parent' scale: incorporates four subscales. These subscales are self-efficacy (parent's beliefs about their effectiveness in overcoming or solving parenting problems), personal agency (parent's beliefs about the instrumental role they play in raising their children), self-management (parent's beliefs about their ability to set goals and monitor progress towards achieving their goals) and self-sufficiency (parent's beliefs about their ability to solve problems). Items that made up each of the sub-scales were averaged, giving a mean overall score as well as scores for each sub-scale. All items were coded so that higher scores reflected a greater sense of parenting competence. Hamilton, Matthews, & Crawford (2015) reported that internal consistency was good for the overall scale, with a Cronbach's alpha coefficient of .85. The subscales also achieved adequate internal consistency: self-efficacy ( $\alpha = .75$ ), personal agency ( $\alpha = .63$ ), self-management ( $\alpha = .72$ ), and self-sufficiency ( $\alpha = .65$ ).

The questionnaire also contained questions asking parents whether the different services they used had helped them develop new parenting skills, and whether they knew where to get information about services and supports if they needed it. The source of these questions was the Western Australian Evaluation of Integrated Services (Clark, 2014, unpublished). Parents were also asked whether they knew where to get information about being a parent or raising children if they needed it. This question was sourced from 'Engaging Families in the Early Childhood Development Story' (Winter & Luddy, 2010).

Finally, parents were asked how their overall parenting self-efficacy. This question was adapted from the Early Childhood Longitudinal Study, Birth Cohort preschool questionnaire.

#### Focus groups and interviews

##### Participants

All parents or carers currently living in the two communities using the Centre in their community and who did not have a formal role in the Centre (e.g., Local Enabling Group member), were eligible to participate in the focus groups and interviews. Purposeful recruitment ensured participants used the Centre with varying frequency. Childcare was available for participants who required it. On completion of the focus group and interviews participants were provided with a \$50 supermarket voucher as a partial reimbursement for their time. One focus group and four interviews were conducted on site at each of the two Centres by two researchers with previous involvement in the Centres.

##### Focus group and interview schedule

A focus group and interview schedule was developed to assist the group facilitators to focus the discussion. The schedule was developed following consideration of Tasmania's Child and

Family Centres Strategic Plan 2015-2017, the aforementioned study survey and discussion among researchers. The schedule included questions about the programs and activities they participated in (e.g. parenting programs, child health and parenting service), how involvement in the Centre had impacted on their parenting practices, connections with other families and their knowledge and use of early childhood services. The schedule was piloted with a focus group conducted at another Centre to ensure questions were worded clearly and made sense to parents and that the discussion flowed between topics.

#### Data analysis

##### Survey

The survey included parents who could but may not have used the Centre in their community facilitating comparison between the use and experience of Centre users and non-users. All statistical tests for this report were undertaken in SPSS Version 22 (IBM Corp., 2013). Where we have compared Centre users and non-users across a range of different categories, differences have been tested with the chi-square test of independence, which tests for differences between expected versus observed data. Where we compared Centre users and non-users across ordinal data, i.e., where responses can be ranked (e.g. none of the time, a little of the time, all the way through to all of the time), differences have been tested using a linear-by-linear extension of the chi-square test of independence. Where we tested differences in mean responses (that is, the average score for users and non-users), we used an independent samples t-test. To check against violations from normality, we have also used the nonparametric Mann-Whitney U test, which compares ranked responses. Comparisons of means were unaffected by choice of analytic technique, indicating that

violations from normality were not an issue, and we have reported results from the t-test as a result.

### Focus groups and interviews

Audio recordings of the focus groups and interviews were transcribed and transcripts checked for accuracy against the audio recordings. Transcripts were then imported into the qualitative data analysis software program NVivo 10 (QSR International 2012). Transcripts underwent a process of careful reading, re-reading and constant comparison with the aim of identifying themes (Strauss & Corbin, 1990). Key themes were then examined and narrowed further with similar concepts or categories clustered together. There was regular discussion between researchers throughout the analysis. Thematic analysis allowed the identification of common factors that shaped the experiences of parents using the Centres.

### Results

No differences in the results were found between the two communities so results have been combined.

#### ***Survey response rate and participants***

A response rate of 74% was achieved with 247 out of the 335 eligible families participating in the survey and there was minimal missing data. Where survey respondents opted for 'nil' responses these were treated as missing. The demographic characteristics of respondents and non-respondents were compared using data available in the Tasmanian Department of Education school enrolment records (Taylor et al., 2017). Centre users and non-users were also compared on demographic information collected in the survey (see Table 1). Centre users and non-users did not differ in relation to parent age, education, household structure (e.g., single parent) or number of children.

INSERT TABLE 1 HERE

### ***Focus Group and Interview participants***

Twenty-four Centre users, twelve from each of the communities, participated in focus groups or interviews. Of the eight interview participants, three were male with both focus groups consisting of only females. The age of participants ranged from 20 to 54 years (mean 31 years) and the number of children of each participants ranged from one to more than five. One participant was a grandparent. All participants had one child under five years of age using the Centre.

### **Parenting self-regulation**

From the 'Me as a Parent' scale, Centre users reported a slightly lower overall sense of parenting self-regulation than non-users with users reporting slightly lower self-efficacy and self-management. There was no difference in Centre users' and non-users' scores of personal agency or self-sufficiency (see Table 2). In other measures of parenting, there was no difference between Centre users and non-users in their overall sense of parenting self-efficacy or their ability to find information, but Centre users reported Centres helped them develop new parenting skills (see Table 2).

INSERT TABLE 2 HERE

The survey findings about parenting competence among Centre users were reflected in discussions about parenting during focus groups and interviews with many parents indicating that prior to attending the Centre their parenting knowledge, skills and capability were limited.

*Before I even started coming here I didn't know what to do, being a young single mum and doing it all by myself, but I started coming here and I was shown how to do different things with my girls, and it's truly amazing of what here has helped me learn and do with my girls. (Focus Group, Parent A)*

These comments also indicate that accessing the Centres had assisted parents to develop parenting skills, knowledge and confidence. Survey findings showed that Centre users were significantly more likely to report that services helped them develop new parenting skills than non-users. In addition, Centre users were also more likely to report that they knew where to find information about services and supports for children and families when they needed it, than non-users.

#### **Impact of Centre use on parenting skills and capability**

Centres support parents to develop parenting skills, knowledge and confidence through a range of formal and informal services and supports. Formal services and supports include parenting courses, counselling and health services. Informal services and supports included drop in sessions, staff modelling parenting practices within the Centres and peer interactions and support from other parents.

Parents indicated in the focus groups and interviews that involvement in parenting courses and related activities at Centres had helped them develop parenting skills and knowledge and increased their confidence with respect to parenting. Centre use had also strengthened family relationships by facilitating more positive interactions with their children. Specifically, parents reported having a greater understanding of how children develop, their changing needs and behaviours. Consequently, parents indicated that they were now interacting with



their children differently, making eye contact and ‘taking the time to listen’ to their children as this mother outlined.

*It [parenting course] taught me to look more how the brain of the child works instead of trying to make the child's brain more like mine. So it helped me to learn why the child was crying and to help settle them a lot better than just to yell and scream at them all the time. That's just taught me heaps there. (Focus group, Parent B)*

Many participants outlined the changes they had made when managing their children's challenging behaviours or ‘disciplining’ their children by taking time to speak directly with children and adopting new strategies such as ‘time out’ and the ‘thinking chair’.

*I've learnt so much, 50% of what I know has come from here [Centre]. ... It has taught me a lot. I've learnt how to speak to her and discipline her ... I'm not yelling and screaming. I'm explaining things to her better. (Focus group, Parent C)*

These learnings were not restricted to first-time parents. More experienced parents with older children recounted new learnings and changes in parenting practices resulting from their engagement in parenting programs. The women in this study also described the positive impact involvement in the Centres had on their partners and their partners' parenting skills and confidence.

*I took my husband through [parenting course] as well so that's given both of ... us heaps of new ideas. (Focus group, Parent D)*

Parents indicated that support from Centre staff, service providers and other parents supported parenting practices. Parents recounted how informal interactions with staff had supported their parenting practices.

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*Just simply experience and looking around me and when my daughter will play up and that, just them [centre staff] being there helping me say ‘well just take this approach’. (Interview, Parent E)*

Sharing experiences with other parents at the Centre was also identified as important for supporting parenting practices.

*My partner was really nervous when I was pregnant and didn’t know what he was doing ... just coming here so he could learn how to play with her and learn just different things ... and watching all other parents as well on how they play with their children as well has grown his confidence in looking after our daughter. (Focus group, Parent F)*

In addition to direct parenting support through formal and informal activities, some parents indicated that they were more aware of how their own wellbeing could impact on their family and subsequent interactions with their children. Managing their own ‘stress’ was identified as important for effective parenting.

*I’ve learnt to have more patience and that sort of thing, it’s not just – I don’t know – I’ve learned to be calmer... if I need to just have a break then go off and have a break, leave the kids to do whatever they’re going to do and just go have a time-out or whatever whereas before I just would have [respondent mimes rage] and then gone off, but yeah, just implementing little things to help the overall home life, has been helpful. (Interview, Parent G)*

## **Discussion**

Improving the health and wellbeing, education and care of Tasmania's young children through supporting families and carers of young children is the primary purpose of the Child and Family Centres. This study indicates that Centres are engaging with families who require support and building parenting skills and competence and confidence using a range of strategies. Previously, we have shown that Centre users made more use of ECS than non-users, were more likely to attend child health nurses and parenting programs than non-users and rated their experiences of these services more positively than non-users (Taylor et al., 2017). The Centre model addressed some of the common barriers to parental engagement in ECS such as transport, cost and time. In addition, parents experienced Centres as welcoming places where they felt valued, respected and safe.

In this study, we found that parents who accessed the Centres reported a slightly lower overall sense of parenting self-regulation than non-users as measured by the 'Me as a Parent' scale (Hamilton et al., 2015). In this study, the lower overall parenting self-regulation for Centre users was a consequence of lower scores for self-efficacy and self-management. We posit that this indicates Centres are successfully engaging parents in need of support. The four characteristics of self-efficacy, personal agency, self-management and self-sufficiency are all considered important for the development of dynamic and flexible parenting practices rather than 'fixed' parenting skills (Hamilton et al., 2015). However, when asked to provide an rating for themselves as a parent on a five-point scale (i.e., very good, better than average, average, have trouble being a parent, not good at being a parent) no differences between Centre users and non-users was found. The more granular 'Me as a Parent' scale revealed differences in parenting confidence and competence that were not evident using the single item assessing overall parenting self-efficacy.

Centre users reported Centres helped them develop new parenting skills through a range of strategies. These included attendance at group parenting courses, attendance at the child health and parenting service, role modelling and reinforcement of parenting strategies by Centre staff, peer support and programs for parental wellbeing. This study was not able to distinguish between the different strategies and their impact on parenting practices, but Centre users commonly indicated it was the combination of supports that was important. It is recommended that public health interventions adopt multi-level approaches that address the social environment as well as individual knowledge and skills (Sallis & Owen, 2015).

While Child and Family Centres offer a range of targeted programs and activities aimed at developing the parenting knowledge and skills of individuals they have also adopted a family partnership approach for working with families and communities (Davis & Day, 2010; Taylor et al., 2017) . In contrast to education and childcare settings where parents are generally not present with their children, the Centre model and partnership approach facilitates and reinforces positive parenting practices. While it may not be possible to replicate the Centre model elsewhere the family partnership approach and reinforcement of positive parenting practices could be embedded within any early childhood service working with parents and children.

Another aspect of parenting support provided by Centres was provision of activities and programs aimed at enhancing parents own well-being. Parents clearly recognised that managing their own stress and well-being had a direct impact on their capacity to interact and engage with their children in positive ways. Centres promoted parental well-being through specific programs and activities, such as counselling or exercise groups and by providing a place where parents could come and spend time with their children (Taylor et al., 2017).

## Limitations

A limitation of the study was the large amount of 'not stated' responses in the school enrolment records on all but two demographic characteristics (parental education, Indigenous status) that limited comparisons of survey respondents and non-respondents. No differences were found for parental education, but the response rate for Indigenous families was lower than non-Indigenous families. However, of the parents who took part in the survey, Centre users and non-users did not differ with respect to parent age, education, household structure (e.g. single parent) or the number of children. The study design and methods did not permit the results to be generalized to other communities that were not involved in the study nor permit causal inferences.

## Strengths

The use of mixed-methods provided valuable insights into parents' experiences of the Centre model. A strength of the school-based sampling frame for the survey was that it included parents who were eligible, but did not necessarily use the local Centre. This approach made it possible to compare the experiences of parents who did and did not use Centres. Another strength was that parental engagement in the survey, focus groups and interviews was high.

## Conclusion

This study indicates that Centres are engaging with families who require parenting support and are working with them to develop parenting skills, capabilities and competence. Centres use a range of strategies to develop parenting competencies and skills, including but not restricted to group-based parenting programs. This study highlights the range of strategies

(i.e., parenting programs, role modelling, reinforcement, parental well-being activities) used in the Child and Family Centres to support parents. The Centre model and partnership approach facilitates and reinforces the development of positive parenting practices.

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**Table 1. Survey participant characteristics, comparing Centre users (N = 247) and non-users (N = 88) on demographic characteristics from the survey.**

Characteristics	Survey Respondents		p-value
	User (%)	Non-User (%)	
Age in years	33.2	34.0	0.504
Educational attainment			
>Year 10	45.00	48.90	0.828
≤Year 10	53.30	48.90	
Prefer not to say	1.70	2.20	
Household structure			
Single parent	40.20	33.30	0.348
Two parent	58.70	63.30	
Prefer not to say	1.10	3.30	
Number of children			
One child	20.70	20.00	0.732
Two children	28.30	20.00	
Three children	25.00	35.00	
Four children	12.50	13.30	
Five or more children	13.60	11.70	

**Table 2. Survey results on parenting competency and skills for Centre users and non-users.**

**Results of the 'Me as a Parent' scale to quantify parenting self-regulation and selected survey questions to quantify parenting skills.**

<b>Me as a Parent Scale</b>			
Sub-scale	Mean response (95% CIs)		p-value
	Centre users	Non-users	
Personal agency sub-scale	3.92 (3.80-4.03)	4.09 (3.91-4.27)	0.129
Self-efficacy sub-scale	4.05 (3.95-4.16)	4.33 (4.21-4.45)	0.006
Self-management sub-scale	3.94 (3.84-4.03)	4.12 (3.99-4.25)	0.044
Self-sufficiency sub-scale	4.03 (3.95-4.11)	4.12 (4.00-4.25)	0.256
<b>Overall parenting self-regulation</b>	<b>3.98 (3.90-4.06)</b>	<b>4.16 (4.06-4.28)</b>	<b>0.021</b>
<b>Survey questions</b>			
Overall self-efficacy as a parent	3.96 (3.82 – 4.10)	4.19 (3.97 – 4.40)	0.108
Know where to find information about services and supports	4.17 (4.04 – 4.31)	3.96 (3.62 – 4.30)	0.173
How often did you know where to get information about parenting or raising children	3.72 (3.58 – 3.85)	3.58 (3.31 – 3.85)	0.359
Services helped me develop new parenting skills	3.44 (3.25-3.64)	2.86 (2.45 – 3.28)	0.006

Author Version